



**BOAT PUMPOUT GRANT APPLICATION**  
**Maine Department of Environmental Protection**  
**Attention Pamela Parker, 17 SHS**  
**Augusta, ME 04333-0017**  
**Tel: (207)287-7905 Fax: (207)287-3435**



Read Instructions, Eligible Costs, and Standard Conditions prior to completing application.

1. LOCATION (Town) \_\_\_\_\_
2. FACILITY NAME: \_\_\_\_\_
3. PHYSICAL LOCATION OF FACILITY: (street address) \_\_\_\_\_
4. FACILITY OWNER: organization/company legally responsible for system

\_\_\_\_\_

municipal      private      non-profit      other      (circle one)

Billing/Contract Administrator: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address \_\_\_\_\_

5. **STATE OF MAINE VENDOR CODE: VC \_\_\_\_\_ if you do not have a vendor code please complete the vendor form enclosed with this application.**

6. FACILITY OPERATOR: person responsible for operating/maintaining the system  
\_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

7. WATERBODY SERVED: (Harbor) \_\_\_\_\_

8. NUMBER OF SLIPS: \_\_\_\_\_ MOORINGS: \_\_\_\_\_

Estimate of boats served by pumpout daily: Resident \_\_\_\_\_ Transient \_\_\_\_\_

9. OTHER SERVICES PROVIDED BY FACILITY: (circle all that apply)

fuel ice restrooms laundry groceries restaurant repairs other



15. REQUIRED SUPPLEMENTAL MATERIALS

**For ALL grant requests: (check off as included)**

- Site location map including longitude and latitude of typical pump location when in use.
- Pumpout system operation and maintenance plan including schedule for inspections/tests including:
  - person/position responsible for inspections;
  - inspection procedure and log;
  - parts vendor information;
  - repair person/company information.
- Detailed description of match
- Proposed reimbursement billing schedule

**For new or replacement equipment grant requests provide:**

- copy of equipment cost quote from pump manufacturer/distributor;
- copy of installation cost quotes (at least 2 preferred) including detail of electrical, plumbing, site work, site construction;
- copy of detailed construction site plan (if applicable);
- copy of town/state permits/authorization for construction within the shoreland zone, Natural Resources Protection Act, holding tank installation, connection to public sewer as applicable.

13. SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that the applicant has sufficient title, right or interest in the property where the proposed activity occurs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Assisting Parties. If the applicant has been assisted in preparing this grant application, the person(s) assisting must sign below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

DO YOU NEED A SIGN TO MEET THE STANDARD CONDITIONS Y / N

DO YOU NEED A WEATHERPROOF LOG BOOK Y / N

ARE YOU INTERESTED IN A FLAG TO ADVERTISE YOUR PUMPOUT STATION? Y / N

IF LOCATED IN A NO DISCHARGE AREA, ARE YOU INTERESTED IN A NDA SIGN Y / N

\* Discharge to septic systems is discouraged and must be permitted by the local plumbing inspector.

\*\*Additional record keeping is required to receive operations and maintenance grant money. See Guidelines